

(Print Name of lobbyist)

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JUL 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

ANTE OF		STATE OF NEW HAMPSHIRE
		2017 Statement of Income and Expenses
		for LOBBYISTS
		(RSA Chapter 15)
217182	PLEASE PRINT	• ,

II Name of lobbyist'	's nartnershin, firm (or corporation, if any:		
_	ssional Association	•		
	me of partnership, firm of			
18 Centre St	•	Concord	NH	03301
Business Address: (St	treet)	(Town/City)	(State)	(Zip Code)
603 225-7170 (Telephone)	(60	03) 226-0165 (Fax)	e-mail_ attys@bi	ancopa.com
		- file separate reports re not attributable to a	for each client, OR you ma ny one client).	y file a separate repo
X All reportable tran	nsactions occurring in	the months prior to the	reporting date relative to the	following client:
WellCare Healt	•			
<u>OR</u>	(Full Name of Client	as it appears on the Lobby	vist Registration Form)	
		ist (including the lobby	st's family), or the lobbying	firm listed below which
IV. Date of Report Reports cover: activ	April 26, 2017		July 26, 2017 X. activity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 [] activity from 10/1/17 to 12/31/	17
V. There have been If this box is checked, Concord, NH 03301.	n no fees received a complete just this for	and no reportable tr m and submit it to the S	ansactions made since the Secretary of State's Office, St	ne last report. = tate House, Room 204,
VI. Check if addition	nal reports are attac	hed:		
•	-	•	Addendum A- Fees and Ex	
If you have paid a Expense Reimbursem		ibursed expenses, you i	nust file Addendum B – Rep	oort of Honorariums of
•		ade political contribution	ons, you must file Addendu	m C– Political Contrib
I have read RSA 15, I	ffirmation by Lobby RSA 15-B, RSA 14-Coest of my knowledge	and RSA 664 and here	by swear or affirm that the finding $7/9/7$	oregoing information i
(Signature of lobbyis	st) // C		(Date	e)
lames I Rian	ico Ir			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) James J. Bianco, Jr., Adam Schmidt, Karen Sc	oucy, Kathy Corey Fox
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership. firm or corporation)	
III. Name of Client WellCare Health Plans, Inc.	Date 07/19/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$11,250
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$21,875
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$625
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a aggregate total of all expenses paixpenses; (b) the aggregate total of a le: meals purchased during a business st than \$10 that is given to the person and with a value of \$25.00 or less); an orting period of greater than \$25.00 for the person of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$11,250
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
a) Total of all itemized expanditures reported in detail in section VI	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$11,250
f) Total of all expenses year to date	f) \$22,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
\mathcal{M}_{-}	07/19/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of Jobhyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corpor	ation: Bianco Professional Association
Name of Client (leave blank if Statement is for	the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans,	, Inc.
Date of Report (check one):	

Date of R	eport (check o	ne):		
April 26,	2017 🗆	July 26, 2017 💢	October 25, 2017 🗆	January 31, 2018 □
the follow submitted	ving Addendun):	ns submitted with th		nd Expenses described above, and umber of Addendum forms being
A	ddendum A(s).			
A	ddendum B(s).			
A	ddendum C(s).			
complete		that the foregoing in the that the foregoing in the the that the foregoing in the the that the foregoing in the		nt and each Addendum is true and $\frac{7((8/20/7)}{(\text{Date})}$
Adam	Schmidt			

(Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affi	irmation	by L	obbyi	ist
Statem	ent of	Income :	and Exp	en ses	for	

Name of Lobbying partners	ship, firm, or corpo	ration: Bianco Profess	ional Association
			corporation and not related to any
particular client): WellCa	are Health Plans	s, Inc.	
Date of Report (check one) <i>:</i>		
April 26, 2017 □ J	uly 26, 2017 🕱	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm the complete to the best of my (Signature of loobyist)			nt and each Addendum is true and July 2017 (Date)
Kathy Corey Fox			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statem	ent/Affirm:	ation	by Lo	bbyist
Statem	ent of I	ncome and	Expe	enses	for:

Name of Lobbying partne	ership, firm, or corpo	ration: Bianco Profess	ional Association
			corporation and not related to any
particular client): Welle	Care Health Plans	s, Inc.	
· · · · · · · · · · · · · · · · · · ·			
Date of Report (check or	ne):		
April 26, 2017 □	July 26, 2017 🛣	October 25, 2017 □	January 31, 2018 □
	ns submitted with the		d Expenses described above, and umber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
complete to the best of m	ny knowledge and bel	ief.	and each Addendum is true and
(Signature of lobbyist)			(Date)
Karen Soucy			
(Print Name of lobbyist)			